

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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48	/					
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.		6				
TOTAL CLAIMS	9					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				/
52		/			/	
53		/				/
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55						/
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94	/					/
95		/				/
96		/				/
97		/				/
98		/				/
99	/					/
100		/				/
TOTAL IND.	7				8	
TOTAL DEP.		30				27
TOTAL CLAIMS	37				35	

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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